

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4643

FILED FEB 18 1943 18

Primary Registration District No.

1002

Registrar's No.

1292

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hosp / 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... **5 yrs**
years, months or days)

3. (a) PRINT FULL NAME **Leo Pijut**

3. (b) If veteran, name war..... 3. (c) Social Security
N 494-07074

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife..... **Elizabeth** 6. (c) Age of husband or wife if alive **30** years
7. Birth date of deceased **Feb. 20 1907**
(Month) (Day) (Year)

8. AGE: Years **35** Months **11** Days **19** If less than one day
hr. min.

9. Birthplace..... **Illinois /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Steel worker**

11. Industry or business **Stupp Bros Iron Wks.**

12. Name **Steve Pijut**
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **Illinois** 1
(City, town, or county) (State or foreign country)

16. (a) Informant **Elizabeth Pijut**
(b) Address **7608 Reilly**
17. (a) **burial** (b) Date thereof **2-11-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Mt Olive**
18. (a) Signature of funeral director..... **Fendler Und. Co.**
(b) Address **7420 Michigan Ave.**
19. (a) **FEB 9 1943** (b) **J. F. Buteck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **7608 Reilly**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **8th**
year **1943** hour **4** minute **50** A.M.

21. I hereby certify that I attended the deceased from **Feb 8 1943**
10 to **Feb 8 1943**
that I last saw him alive on **Feb 8 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Brights (uremic poisoning)
Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **none**
Of operations.....
Of autopsy..... **none**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (b) Means of injury.....
23. Signature **J. F. Buteck** (M.D.)
Address **3268 Fayette** Date signed **2-9-43**

Duration
8 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

844

(Licensed Embalmer's Statement on Reverse Side)

Salisbury
3258 Lafayette
9.15.6.9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.

working under my personal supervision.

Signed

Oliver E. Fendley

Licensed Embalmer No.

4148

P. O. Address

St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.